COMMONWEALTH of VIRGINIA
Department of Health
Karen Remley, MD, MBA, FAAP
STATE HEALTH COMMISSIONER
P O BOX 2448
RICHMOND, VA 23218
TTY 7-1-1 OR
1-800-828-1120

VIRGINIA PERINATAL HEPATITIS B PREVENTION PROGRAM
Questionnaire on HBsAg Positive Pregnant Women
(Please include copy of lab results)

1. Patient's Name: _____
2. Patient's Address: _____
3. City or County of Residence: _____
4. Home Phone: _____ Work Phone: _____
5. Date of Birth: _____
6. Estimated Date of Delivery:_____
7. Delivery Hospital: _____
8. Has patient been notified concerning her positive test result? ( ) Yes; ( ) No
9. Additional Information (Language Spoken, etc):
10. Race (circle): White Black Hispanic Asian Asian Code: _____ Other

    Asian Codes: 1-Chinese; 2-Japanese; 3-Korean; 4-Vietnamese; 5-Hmong; 6-Laotian; 7-Thai; 8-Taiwanese; 9-Indian sub-continent; 10-Other API

11. Birth Country: _____
12. Social Security Number: _____/_____/_____

Provider Name *(Please Print)*: _____

Provider Phone number: _____

Provider Signature: _____ **Date** _____

Thank You Very Much For Your Time
Fax: 804-864-8089